



Mail or FAX to:
FasTrak™ Customer Service Center
P.O. Box 4033
Concord, CA 94524-4033
FAX 925-686-8866
Phone 1-888-725-TRAK (8725)

Name

Address

City, State Zip

FasTrak™ ACCOUNT# _____

Please mark one

- ☐ I would like to change my Credit Card information.
- ☐ Please charge my credit card as a ONE-TIME replenishment \$ _____
(amount to be charged)
- ☐ Please change my FasTrak™ account from a check payment to a credit card option.
I understand that the deposit for my FasTrak™ transponder(s) will be adjusted to my
prepaid toll balance
- ☐ Please change my FasTrak™ account from a credit card payment to a check option. I
understand that I am required to pay a \$30 deposit per transponder. Please find deposit
check enclosed.

Credit card information

Primary Credit Card ☐ MasterCard ☐ Visa

Credit card # _____ - _____ - _____ - _____ **Exp Date** ____ / ____

Print name on card _____

Cardholder signature _____
(Required if cardholder is different than FasTrak™ customer) (Date)

Customer signature: _____
(Required) (Date)

Secondary Credit Card** ☐ MasterCard ☐ Visa

** If funds are not available on your primary card, your secondary card will be billed. It will then become the primary card on file.

Credit card # _____ - _____ - _____ - _____ **Exp Date** ____ / ____

Print name on card _____

Cardholder signature _____
(Required if cardholder is different than FasTrak™ customer) (Date)

Customer signature: _____
(required) (Date)

Thank You For Using FasTrak™

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